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Citation for author's submitted version

Miguel, Caroline San, Rogan, Fran, Kilstoff, Kathleen and Brown, Diane (pre-print). Clinically speaking: A communication skills program for students from non-English speaking backgrounds. Retrieved from <http://espace.cdu.edu.au/view/cdu:2138>

Citation for publisher's version

Miguel, Caroline San, Rogan, Fran, Kilstoff, Kathleen and Brown, Diane (2006). Clinically speaking: A communication skills program for students from non-English speaking backgrounds. *Nurse Education in Practice*, 6(5):268-274.

Notice: *The publisher's version of this work can be found at:*

<http://dx.doi.org/doi:10.1016/j.nepr.2006.02.004>

ABSTRACT

This paper reports on the design, delivery and evaluation of a pilot oral communication skills program for first year students in a Bachelor of Nursing (BN) degree at an Australian university. This program was introduced in 2004 to meet the needs of first year undergraduate students from non-English speaking backgrounds who had experienced difficulties with spoken English while on clinical placement in hospitals. The program consisted of early identification of students in need of language development, a series of language classes incorporated into the degree program to address students' needs and a clinical placement block at the completion of the language classes. The paper describes how the program was integrated into the BN, discusses some of the major problems students faced in the clinical setting, and presents some of the teaching strategies used in the language program to address these problems. Finally the paper discusses evaluations of the program, which suggest that students' language skills and confidence improved as a result of the language classes, resulting in a more positive clinical experience for the majority of students.

CLINICALLY SPEAKING: A COMMUNICATION SKILLS PROGRAM FOR STUDENTS FROM NON-ENGLISH SPEAKING BACKGROUNDS.

INTRODUCTION

Effective communication plays a central role in nursing practice and contributes to positive health outcomes for patients. Whilst there have been numerous reports on the teaching of communication skills (see Chant et al. 2002 for a review of the communication skills literature), few of these studies have focused on teaching communication skills to students from non-English speaking backgrounds (NESB). Oral communication skills can be one of the major areas of difficulty that students from NESB face during their nursing degree. Communication during clinical placement requires a high level of interpersonal skill in order to adequately communicate with patients, their families and health-care staff. It is important that universities address difficulties in communication skills in order to retain linguistically diverse students in nursing programs, creating a more diverse nursing workforce, which will better serve the health care needs of a multicultural population (e.g. Fuller 1995; Shakya & Horsfall 2000.).

The difficulties that students from NESB may face when studying nursing have been well documented (e.g. Jalili-Grenier & Chase 1997). Several studies have identified problems that students from NESB may experience when interacting with patients and staff in hospitals, including: understanding colloquial language (Gonda et al. 1995); a reluctance to initiate verbal interactions with team members (Hussin 1999); accent and style of speaking (Shakya & Horsfall 2000); asking other nursing students and supervisors for assistance (Bosher & Smalkoski 2002); and difficulties in understanding instructions (Bosher & Smalkoski 2002). These difficulties place students at high risk of failure in the clinical area where students with poor

interpersonal skills are assessed as unsatisfactory if they cannot adequately communicate with patients and cannot therefore satisfy professional standards of practice (Australian Nursing Council Incorporated 2000; Boshier & Smalkowski 2002).

In the Bachelor of Nursing degree (BN) at the University of Technology Sydney (UTS), students attend clinical placement one day per week, from the second week of their degree program. Anecdotal evidence from students, clinical facilitators (Registered Nurses who are employed by the university to teach, supervise and assess students), patients and clinical staff indicate that many students from NESB experience considerable difficulties in interactions with patients and staff on clinical placement, and, as the numbers of NESB students have increased in the program it has become clear that many of them are failing their clinical assessments due to difficulties with spoken English. We therefore felt that it is important to try to address these difficulties so that students can successfully progress through their degree program.

Studies investigating the experiences of students from NESB recommend support for students, including workshops and forums where students can discuss the difficulties they face (Jalili-Grenier & Chase 1997); 'appropriate and sufficient services' to enable students to complete their studies (Shakya & Horsfall 2000, p.170) and opportunities and activities to further develop their language (Malu & Figlear 1998). There have been several reports in the literature of spoken language development workshops offered to students, who attend workshops on a voluntary basis before and after clinical placements (e.g. Hussin 1999) and programs offered prior to beginning coursework in a health-care program (e.g. Boshier & Smalkowski 2002). However, unlike these programs, we wanted to design a language program which would be incorporated into the degree program, which would be extensive enough to allow students to develop skills and strategies for improving their spoken communication, and which would allow students to progress through their degree whilst concurrently improving their health communication skills.

This paper reports on an intervention, the 'Clinically Speaking Program', designed for first year nursing students from NESB at the UTS. The program was designed by a team of academics from the Faculty of Nursing, Midwifery and Health (FNMH) and the English Language Study Skills Assistance (ELSSA) centre, a centre which works with students to develop their language skills within their degree program. The program was offered to those students who, in their first clinical practice, were identified as needing language development. These students were invited to attend language classes for one day a week, for five weeks in place of attending clinical practice. Those who attended the language classes attended a make-up clinical placement in the semester break at the completion of the language classes. This paper describes the program and its evaluation and argues that explicit teaching of language skills required in the hospitals can improve outcomes of clinical placements for students.

THE CLINICALLY SPEAKING PROGRAM

The Clinically Speaking Program has three major components:

1. identification during the first clinical placement of students who require language assistance
2. a program of intensive language classes for these students, offered in place of their second clinical placement
3. a block of clinical placement, offered during the inter-semester break for students to complete missed clinical experience and assessment.

Early identification of students

During clinical placement, the clinical performance of all students is assessed by clinical facilitators, according to specific criteria. Prior to introducing the 'Clinically Speaking Program', both facilitators and students were familiarised with the clinical performance assessment criteria. Facilitators were introduced to the criteria during a professional development session, where the program was explained and where facilitators were given an opportunity to discuss their experiences of working with students from NESB and to explore strategies to assist students during their clinical placements. Students were introduced to the assessment criteria during a lecture which familiarised them with the purpose and organisation of clinical placements.

Students who received an unsatisfactory grade in interpersonal skills on clinical placement (see appendix 1) were considered to be in need of further language development and were invited to attend an interview with the subject examiner to discuss their assessment. During the interview, an academic involved in the program explained the 'Clinically Speaking Program' and offered the students the opportunity to participate.- Participation in the program was voluntary.

In this pilot program in 2004, fifteen students received an unsatisfactory grade for interpersonal skills. All fifteen students chose to participate in the 'Clinically Speaking Program'.

The language classes

The language classes were timetabled in place of the second clinical placement and were conducted on the day students would normally attend clinical practice. The classes comprised a total of 20 hours, that is four hours each day for five weeks. They were held in the nursing laboratory and conducted by an academic from the ELSSA Centre.

The overall aim of the language classes was to assist students to develop clinical communication skills needed to achieve satisfactory clinical practice grades and successfully progress in the degree program. The classes also aimed to improve the clinical experience of students from NESB by: increasing their awareness of the language and cultural practices of the clinical environment; offering a forum where they could discuss the difficulties they experienced during clinical practice; -providing them with opportunities to develop and practise oral communication skills appropriate to the Australian health care setting.

Design of the classes

The classes were custom designed to meet the communication needs of students when on clinical placement (as specified in the assessment criteria for students' clinical performance – see appendix 1). Design of the classes was informed by the following data collected after the students' first clinical placement:

- students' perceptions of their problems, elicited in a focus group and a written needs analysis
- facilitators' perceptions of student problems, identified during the facilitators' professional development session and from their written comments recorded on students' clinical performance summary sheets

Problems on clinical placement

Comments about clinical learning experiences from students and facilitators were predominantly negative. Problems identified by students and facilitators included language difficulties in communicating with both patients and Registered Nurses (RNs). Some of the problems students had in communicating with patients included giving instructions, making small talk and using an inappropriate approach to patients, by which facilitators meant inappropriate eye contact, tone and manner. Clearly some of these problems relate to different cultural expectations, for example, some of the students felt it was rude to make eye contact with elderly patients. In terms of making small talk, students were not sure what they could talk about:

sometimes I just not sure if I should ask patient when I first meet them 'how are you this morning?' because they must be painful most of the time, so is it possible for me to ask how are you today?

Communicating with RNs was problematic for a number of students. Students found it difficult to understand instructions from RNs and to understand information about patients given in handover reports. Several students described incidents in which they were directed by RNs to do things that the students knew they were not supposed to do, for example, shower patients in the first few weeks of their placement. Students found it difficult to refuse these instructions:

sometimes if you don't do it, the RN they think they teach us but we not willing to learn...

Both students and facilitators expressed some dissatisfaction with the placement as a learning experience, students because they felt sometimes they were not learning and facilitators because they felt students were not taking the initiative by asking questions. Students expressed a sense of helplessness due to a lack of clear guidance as to what they were supposed to be doing:

nurses are busy, sometimes they ask you to help but sometimes they just leave you alone and you don't know what to [do] ...

At the same time, facilitators felt that students needed to be more independent in their learning, asking more questions and sharing more information in debriefing sessions.

Strategies for teaching spoken language

In the classes, students were taught language and strategies they could use to address some of the problems they encountered during clinical practice. Commercial teaching videos of interactions between nurses and patients, and between nurses and colleagues, were used to analyse typical clinical encounters. The scenarios presented in the videos and the students' own experiences of clinical situations were used to construct templates of typical stages in interactions with patients, for example:

Greeting

Introduction

Small talk

Explanation of purpose (e.g. taking blood pressure)

Seeking consent and giving instructions

Leave-taking

This template provided a guide for students to role-play typical situations involving patients, families and staff, for example students introducing themselves to patients and taking vital signs. The scenarios for the role-plays were linked to the content of concurrent first year subjects so that students' familiarity with professional terminology and application of theory to clinical practice was enhanced.

As well as focusing on the overall structure of interactions, students practised language for each stage in a conversation. For example, when making small talk they practised using cues surrounding the patient to open a conversation such as '*are you reading something interesting?*'; they learnt formulaic expressions for leave-taking, for example '*I'll come and see you this afternoon*'; they learnt how to refuse to do something they were not supposed to do, such as '*I'm sorry, my university doesn't allow me to do that*'. Cultural discussions were an integral part of these language activities. In the early weeks of the program for example, the importance of body language and in particular eye contact with patients was discussed, as was the choice of appropriate topics for making small talk.

Strategies for learning vocabulary were also introduced, for example learning prefixes and suffixes for medical terminology; learning words that are typically used together such as 'ambulatory patient'; grouping medical terminology according to themes, for example, equipment used for respiratory illnesses; learning to 'shift register' between academic language, everyday language for adults and everyday language for children, as well as understanding colloquial language they might hear in the hospitals, for example 'doing a poo' for bowel elimination.

Completion of clinical placement requirements

Students undertook their second clinical placement in a one-week block during the inter-semester break. Students remained at the one hospital, working with the same clinical facilitator for their entire placement.

EVALUATION OF THE PROGRAM

The clinically speaking program was evaluated by:

- noting the students' clinical assessment grades at the end of their inter-semester clinical completion block
- analysing data from a student focus group that explored students' perceptions of the effect of the program on their clinical placement experience
- analysing data from a focus group with facilitators who supervised the students during their inter-semester clinical completion block
- analysing student and facilitator comments written on the students' clinical performance summaries at the end of their inter-semester clinical completion block
- analysing students' written evaluations of the language classes

The data suggest that the program contributed to successful completion of clinical practice requirements for the majority of students who participated in the program. Twelve out of the fifteen students in the program received a satisfactory grade for both clinical placements. Moreover, the program seemed to give the students more confidence in clinical interactions contributing to their self-assurance in the nursing role.

Student Evaluations

Students indicated strong support for the program, finding the language classes useful and practical. Students said they 'loved' and 'enjoyed' the classes and found out what they really needed for clinical:

... it's really useful and its really relaxed and you really find out what you really need in a clinical...

It seems that the program helped the students identify requirements of clinical practice and learn the language skills they needed to meet these requirements. This contributed to their confidence:

I feel like I'm more confident after I join this program. Before I joined in this program sometimes I feel I don't know what should I say to the patient and the RN... so after attending this program I feel more confident...

Students felt they had learnt more about the areas they initially found problematic on clinical practice, commenting on their improvement in communication with patients. They referred specifically to making eye contact, giving explanations to patients, knowing what to say when leaving a patient, how to speak to patients in a polite way and making small talk with patients:

how to talk to patient, yeah it's really good. Before you saw the patient then you think what am I going to say, you immediately say 'good morning sir' whatever, who it is and where I come from and the patient just look at you and that's it, you are stuck because you don't know what to say anymore, but I can say 'what's the weather? 'how are you feeling?' is it painful?' or maybe patient got flower and I say 'it's wonderful, it's lovely, where you got it?' and they start talking 'oh I got it from...' and they just begin to talk

The ability to initiate and maintain conversations with patients helped students feel they *were more relaxed when talking with the patient and not nervous any more*. They developed confidence and this enabled them to build patients' confidence in them as nurses

I can look into the patients eye, before I just like hesitate, (now) I just look straight in their eye and they can see I can do it

In addition to improvements in communication with patients, students felt they had developed more skill and confidence in their interactions with RNs, in particular in asking for help and refusing to do things they were not supposed to do:

before I'm very scared of RN because I think I didn't know anything and I had no confidence but now if I have some problem or some questions I can ask a nurse straight away

The language classes gave the students opportunity and permission to talk about their problems with communication in a 'safe space'. Students spoke of the freedom they experienced in attending the language classes, *we can say whatever we want to say but normally we can't say that in hospital*. The classes took them away from the stress of trying to communicate in the hospital environment, *-I don't need to go to clinical and face some patients and from the stress experienced through comparisons made with English-speaking students, no pressure from the local student, like they speak English, give you pressure*.

The students made several suggestions to improve the program. These included more classes, in particular classes about communication with patients' families. Students also wanted the opportunity to talk with students from NESB who had successfully completed clinical placements and with native speakers of English to learn about their experiences and how they managed communication problems during clinical practice.

Facilitators' evaluations

Facilitators' comments after students had completed the 'Clinically Speaking Program' were noticeably more positive than comments expressed prior to the

program. Comments indicated a number of positive changes in students' interpersonal abilities, particularly during their interactions with patients and staff:

communicates effectively with patients, staff and peers; has demonstrated confidence in commencing small talk with patients; asks questions appropriately and discusses nursing care

In addition to the language classes, facilitators felt that organisational and institutional factors contributed to the students' success. Facilitators commented on the benefits of the block mode of clinical practice, stating that this gave students time to build rapport with patients and hospital staff, gave facilitators time to break down barriers and build rapport with the students and allowed students experiencing similar difficulties with communication to support each other. The location of the clinical placement was also identified as particularly important in supporting the development of students from NESB. Hospitals with a culturally diverse workforce allowed students to experience positive role models:

I think the students can see that and maybe see well you don't have to be English and you don't have to have English as the first language to be able to succeed and I think that also relaxes them

CONCLUSION

Given the importance of a linguistically and culturally diverse nursing workforce in meeting the health care needs of Australia's multicultural population, it is essential that universities recruit and retain students from NESB. Students from NESB may experience considerable difficulty in interacting with patients, families, and healthcare staff during clinical placements creating high risk of failure. Evaluation data suggests that the program 'Clinically Speaking' improved the experience of students from NESB during clinical and assisted them to successfully progress in their degree program. Moreover the program increased students' awareness of the expectations of them in their interactions with patients, families and staff, and helped them develop the skills and confidence to engage in interactions, thereby contributing to their self-assurance in the nursing role.

The program appeared to be successful in achieving these outcomes for several reasons. It was a collaborative initiative involving nursing academics, academics with expertise in language teaching, and clinical facilitators. The intensive language classes were custom designed to meet students' specific communication needs and were incorporated into the existing BN program. It also included an intensive clinical placement block in a setting with a high proportion of patients and staff from NESB, with peers experiencing similar difficulties and supervised by clinical facilitators experienced in helping students from NESB.

Whilst the evaluations of the short-term effects of the program are positive, there is a need to investigate the long term effects of such programs. Evaluation of the program also reveals several issues that need to be addressed to further improve the experience of students from NESB during clinical. These include educational support for

facilitators to help increase their skills in assisting students from NESB on clinical placements; improved preparation of students from NESB regarding the cultural context of the clinical environment and expectations of them during clinical placements; and educational support for all students to help increase awareness of cultural safety for students from NESB.

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APPENDIX 1 CLINICAL PERFORMANCE ASSESSMENT CRITERIA